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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (page 1)

		•	
As a below na	armed inventor, I hereby declare that:		•
My residence	, post office address and citizenship are	e as stated below next to my name;	·
		only one name is listed below) or an ori imed and for which a patent is sought	ginal, first and joint inventor (if plural on the invention entitled <u>DISPLAY</u>
the specification of wh	hich is attached hereto; or	was filed on October 9, 20	03 as United States Application No
	Application No. PCT/JP03/13	2978	
and was amended on	(if applicable).		•
I hereby state by any amendment ref		e contents of the above-identified speci	fication, including the claims, as amended
I acknowledge	e the duty to disclose information which	h is material to patentability as defined	in 37 CFR §1.56.
certificate, or §365(a) and have also identified	of any PCT international application	which designates at least one country	eign application(s) for patent or inventor's other than the United States, listed below ternational application having a filing date
Country_	Application No.	Filed (Day / Mo, / Yr. )	( Yes / No ) Priority Claimed
	2002-315328 (Pat.)	30/October/2002	Yes
oupun 2	313320 (140.)	30,00000001,2002	. 105
to disclose information		defined in 37 C.F.R. §1.56 which becar	f 35 U.S.C. §112, I acknowledge the duty ne available between the filing date of the Status (Patented, Pending, Abandoned)
			•
	n the Patent and Trademark Office con		below to prosecute this application and to prespondence be addressed to the address
		L, CELLA, HARPER & SCINTO	•
	Cus	tomer Number: 05514	
belief are believed to made are punishable b	be true; and further that these stateme	ents were made with the knowledge that reserve the section 1001 of Title 18 of the Unite	t all statements made on information and at willful false statements and the like so ad States Code and that such willful false
Full Name of Sole of	or First InventorShigeki_	Kondo	
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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (page 2)

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